

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011081

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** FR. JAMES O'BRIEN AND SLG FOUNDATION, INC.

**Current Principal Place of Business:**

201 N. FRANKLIN STREET, SUITE 2000  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

201 N. FRANKLIN STREET, SUITE 2000  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 26-1580406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, CHARLES A III  
201 N. FRANKLIN STREET, SUITE 2000  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Change (X) Addition  
Name: GREEN, BASIL  
Address: 201 NORTH FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Change (X) Addition  
Name: GREEN, DOROTHY L  
Address: 201 NORTH FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Change (X) Addition  
Name: RIDER, LUCAS  
Address: 201 NORTH FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BASIL GREEN

D

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date